

Fill in this information to identify the case:

Debtor name Catalyst Prep LLC

United States Bankruptcy Court for the:
Western District of Texas, Austin Division

Case number (if known): 19-11236

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/25/2019
MM/ DD/ YYYY

X

/s/ Jared Friedland

Signature of individual signing on behalf of debtor

Jared Friedland
Printed name

CEO
Position or relationship to debtor

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Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
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2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1 <u>Chase</u>	<u>Checking account</u>	<u>5019</u>
		<u>\$0.00</u>

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$0.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 <u>Ogle Properties LLC</u>	<u>\$5,500.00</u>
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None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes. Fill in the information below.

General description

Date of the last physical inventory

**Net book value of debtor's interest
(Where available)**

Valuation method used for current value

Current value of debtor's interest

19. Raw materials

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

No

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

28. Crops — either planted or harvested**None****29. Farm animals** Examples: Livestock, poultry, farm-raised fish**None****30. Farm machinery and equipment** (Other than titled motor vehicles)**None****31. Farm and fishing supplies, chemicals, and feed****None****32. Other farming and fishing-related property not already listed in Part 6****None****33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

34. Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?** No Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

None

40. Office fixtures

None

41. Office equipment, including all computer equipment and communication systems equipment and software

None

42. Collectibles Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

None

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

None

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. Aircraft and accessories

None

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

None

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real Property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes. Fill in the information below.

General description

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest

None

56. Total of Part 9

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

None

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

64.1 Company IP (Unknown) (Unknown)

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89. \$0.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

No. Go to Part 12.
 Yes. Fill in the information below.

Current value of debtor's
interest**71. Notes receivable**

Description (include name of obligor)

None**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

None**73. Interests in insurance policies or annuities****None****74. Causes of action against third parties (whether or not a lawsuit has been filed)**

74.1 <u>Claim against Chase Bank</u>	<u>\$5,000,000.00</u>
Nature of Claim	
Amount Requested	<u>\$5,000,000.00</u>

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**None****76. Trusts, equitable or future interests in property****None****77. Other property of any kind not already listed** Examples: Season tickets, country club membership**None****78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\$5,000,000.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$0.00</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$5,500.00</u>	
82. Accounts receivable. Copy line 12, Part 3.		
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.		
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.		
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9.....		→
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>+\$5,000,000.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$5,005,500.00</u>	91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$5,005,500.00</u>

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1 Creditor's name <u>Ogle Properties</u>	Describe debtor's property that is subject to a lien <u>Ogle Properties LLC</u>	<u>\$9,000.00</u>	<u>\$5,500.00</u>
Creditor's mailing address <u>Cheryl Ogle</u> <u>3600 Bee Caves Rd #206</u> <u>Austin, TX 78746</u>	Describe the lien		
Creditor's email address, if known <u>cheryl@ogle-properties.com</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes.		
Date debt was incurred _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

Remarks: Office Lease - claiming we owe funds for wear and tear, etc.

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$9,000.00

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the related
creditor?

Last 4 digits of
account number for
this entity

Line _____

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <u>Atkins, James</u>	<u>\$1,852.77</u>	<u>unknown</u>
As of the petition filing date, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
Basis for the Claim:		
Date or dates debt was incurred		
Last 4 digits of account number <u> </u>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a). (4)		
Remarks: Former Catalyst full-time employee. Owe him commission check.		
2.2 Priority creditor's name and mailing address <u>Bachman, Debra</u>	<u>\$1,585.00</u>	<u>unknown</u>
As of the petition filing date, the claim is: Check all that apply.		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
Basis for the Claim:		
Date or dates debt was incurred		
Last 4 digits of account number <u> </u>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a). (4)		
Remarks: Former Catalyst full-time employee. Owe her reimbursement check for mileage. Not taxable income.		

Part 1: Additional Page

2.3 Priority creditor's name and mailing address <hr/> <u>Fielder, Risa</u> <hr/> <u>3908 Yarborough Ave</u> <hr/> <u>Austin, TX 78744</u> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	As of the petition filing date, the claim is: <u>\$2,000.00</u> \$2,000.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages/commission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.4 Priority creditor's name and mailing address <hr/> <u>Franchise Tax Board (CA)</u> <hr/> <u>9646 Butterfield Way</u> <hr/> <u>Sacramento, CA 95827</u> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: FTB LLC fees	As of the petition filing date, the claim is: <u>\$800.00</u> unknown <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.5 Priority creditor's name and mailing address <hr/> <u>Jackson, Christopher</u> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number <hr/> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u>	As of the petition filing date, the claim is: <u>\$3,635.90</u> unknown <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: <u>Wages/Commission</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 1: Additional Page

<p>2.6 Priority creditor's name and mailing address Rodriguez, Jose</p> <hr/> <hr/> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>Remarks: Former Catalyst full-time employee. Owe him reimbursement check for mileage. Not taxable income.</p>	<p>As of the petition filing date, the claim is: <input type="text" value="\$1,290.00"/> <input type="text" value="unknown"/></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2.7 Priority creditor's name and mailing address Stevenson, Tim</p> <hr/> <p>904 Breckenridge Ct</p> <hr/> <p>Piscataway, NJ 08854</p> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>Remarks: Former Catalyst full-time employee. Owe him reimbursement check for mileage. Not taxable income.</p>	<p>As of the petition filing date, the claim is: <input type="text" value="\$996.00"/> <input type="text" value="unknown"/></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>2.8 Priority creditor's name and mailing address Tew, Jennifer</p> <hr/> <hr/> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>Remarks: Former Catalyst full-time employee. Owe her reimbursement check for mileage. Not taxable income.</p>	<p>As of the petition filing date, the claim is: <input type="text" value="\$111.00"/> <input type="text" value="unknown"/></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the Claim:</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 1: Additional Page

2.9 Priority creditor's name and mailing address

Tibke, Erin

280 Belmore Ave #34

East Islip, NY 11730

Date or dates debt was incurred

Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)Remarks: Catalyst full-time employee. Owe her
reimbursement check for mileage. Not taxable income.

As of the petition filing date, the claim is:

\$1,477.00

unknown

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the Claim:

Is the claim subject to offset?

- No
- Yes

2.10 Priority creditor's name and mailing address

Yeagle, Jeff

As of the petition filing date, the claim is:

\$2,000.00

unknown

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the Claim:

Is the claim subject to offset?

- No
- Yes

Date or dates debt was incurred

Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)Remarks: Former Catalyst full-time employee. Owe him
commission check.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 319 North Preston St 319 North Preston St 1F Philadelphia, PA 19104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,134.95
3.2	Nonpriority creditor's name and mailing address 8x8	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.3	Nonpriority creditor's name and mailing address Accountability Resources 6300 Bridge Point Parkway #250 Austin, TX 78730	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,772.24
3.4	Nonpriority creditor's name and mailing address Aerotek 901 S. Mopac Expy Building 3 Suite 300 Austin, TX 78746	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,937.31
3.5	Nonpriority creditor's name and mailing address Alexander Charles c/o Bryan Schwartz Law 180 Grand Ave Ste 1380 Oakland, CA 94612-3750	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown

Part 2: Additional Page

3.6	Nonpriority creditor's name and mailing address AMEX	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Account #: 3573704723. Merchant services. (NOT an AMEX credit card. I owe AMEX merchant services.)		
3.7	Nonpriority creditor's name and mailing address Anderson, Asa 12205 Shetland Lane Los Angeles, CA 90049	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$840.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.8	Nonpriority creditor's name and mailing address Bank of America One Independence Center 101 North Tryon Street Charlotte, NC 28255	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,747.98
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address Barba, Ashley	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$175.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.10	Nonpriority creditor's name and mailing address Barber, Paul 1505 Southport Dr. Apt. 142 Austin, TX 78704	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,250.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

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3.11	Nonpriority creditor's name and mailing address Barua, Deshana	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,102.50
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.12	Nonpriority creditor's name and mailing address Batarseh, Reem 20 Pine Street #3301 New York, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,544.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.13	Nonpriority creditor's name and mailing address Bennett, Allycyn 10885 Silverado Portland, OR 97282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,750.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.14	Nonpriority creditor's name and mailing address Blake, Kameron 91 Magnolia Ave. Jersey City, NJ 07306	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,125.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.15	Nonpriority creditor's name and mailing address Brasseux, Charlotte	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$362.50
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		

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3.16	Nonpriority creditor's name and mailing address <u>Caldwell, Brennan</u> <u>38 West 73rd St 2B</u> <u>New York, NY 10023</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$1,120.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.17	Nonpriority creditor's name and mailing address <u>Candella, Michael</u> <u>85 St Josephs Ave</u> <u>Staten Island, NY 10302</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$20,000.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Port Richmond High School.		
3.18	Nonpriority creditor's name and mailing address <u>Capital One Via Signature Business</u> <u>PO Bos 60599</u> <u>City of Industry, CA 91716</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$25,623.62
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.19	Nonpriority creditor's name and mailing address <u>Carlson, Nicholas</u> <u>2017 West Bangs Ave</u> <u>Neptune, NJ 07753</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$150.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.20	Nonpriority creditor's name and mailing address <u>Cenveo Print Company</u> <u>1102 West Ave. Suite 200</u> <u>Austin, TX 78701</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$22,000.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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3.21	Nonpriority creditor's name and mailing address Chan, Hazel	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$550.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.22	Nonpriority creditor's name and mailing address Chapin, Sarah 418 W 129th St Apt. 13 Vienna, VA 22182	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.23	Nonpriority creditor's name and mailing address Charles, Alexander 346 N. Vermont Ave #306 Los Angeles, CA 90004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,500.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.24	Nonpriority creditor's name and mailing address Chase National Bank By Mail. Mail Code KY1-0900 416 416 West Jefferson Floor 1 Louisville, KY 40202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$77,931.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.25	Nonpriority creditor's name and mailing address Chase Visa Freedom Card National Bank By Mail. Mail Code KY1-0900 416 West Jefferson Floor 1 Louisville, KY 40202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$16,563.18
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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3.26	Nonpriority creditor's name and mailing address Clark, Candice	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$90.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.27	Nonpriority creditor's name and mailing address Cloutier, Chase 105 Hopkins St #402 Wakefield, MA 01880	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$790.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.28	Nonpriority creditor's name and mailing address Creel 6330 West Sunset Road Las Vegas, NV 89118	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.29	Nonpriority creditor's name and mailing address CT Corp Brian Moscoso 111 8 th Ave 13th Floor New York, NY 10011	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,690.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Registered agent services.		
3.30	Nonpriority creditor's name and mailing address Darden, Taylor 319 North Preston Street 1F Philadelphia, PA 19104	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,134.95
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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3.31	Nonpriority creditor's name and mailing address Daren, Taylor 319 N Preston St Apt. 1F Philadelphia, PA 19104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$2,134.95
3.32	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	Nonpriority creditor's name and mailing address Dave, Sanil _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	unknown
3.34	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address Deakin, Chris 960 Chalet Circle Thousand Oaks, CA 91362	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$1,294.00
	Remarks: Tutor.		
3.33	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	Nonpriority creditor's name and mailing address Deakin, Chris 636 Ethan Allen HWY Ridgefield, CT 06877	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$150.00
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.35	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.35	Nonpriority creditor's name and mailing address Debrosse, Justin 8 Mountain Road Rockaway Rockaway, NJ 07866	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$4,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

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3.36	Nonpriority creditor's name and mailing address DeMarco, Amanda 357 Tunnel Road Asbury, NJ 08802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	unknown
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.37	Nonpriority creditor's name and mailing address Ding, Yujia _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$680.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.38	Nonpriority creditor's name and mailing address Ducille, Chelsea 311 Cathedral Street Apt. 2B Baltimore, MD 21201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$500.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.39	Nonpriority creditor's name and mailing address Dupuy, Alfred 336 Telford Ave. Dayton, OH 45419	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$3,999.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.40	Nonpriority creditor's name and mailing address Dushkewich, Rachel 460 Old Town Road Apt 18N Port Jefferson Station, NY 11776	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$375.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		

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3.41	Nonpriority creditor's name and mailing address Eilers, Lori 184 Nottingham Road Ramsey, NJ 07446	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$3,299.00
3.42	Nonpriority creditor's name and mailing address Embassy Suites by Hilton Denton Convention Center Kaylin Homan and Todd Muilenburg	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$1,400.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	Nonpriority creditor's name and mailing address Eskin, Kimberly	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$920.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	Nonpriority creditor's name and mailing address Ferdous, Tashif	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$3,675.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	Nonpriority creditor's name and mailing address First Associates Attn: Bond Street Servicing, LLC PO Box 503430 San Diego, CA 92150-3430	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$153,562.18
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.46	Nonpriority creditor's name and mailing address Forrester, Graham	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$637.50
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.47	Nonpriority creditor's name and mailing address Fortis, Dawn 38 Mela Lane Rancho Palos Verdes, CA 90275	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,044.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.48	Nonpriority creditor's name and mailing address Foster, Harrison 1217 Douglas St #222 Los Angeles, CA 90026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.49	Nonpriority creditor's name and mailing address Fouquet, Martina 9 Gray Street Jersey City, NJ 07302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$850.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.50	Nonpriority creditor's name and mailing address Fredette, Julie 426 Silver Leaf cir Collegeville, PA 19426	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,544.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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3.51	Nonpriority creditor's name and mailing address Gentile, David	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$180.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Last 4 digits of account number _____			
Remarks: Tutor.			
3.52	Nonpriority creditor's name and mailing address Golden, Mitchell	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$475.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Last 4 digits of account number _____			
Remarks: Tutor.			
3.53	Nonpriority creditor's name and mailing address Grant, Jeremy	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,294.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Last 4 digits of account number _____			
Remarks: Customer that we owe a refund for services only partially rendered.			
3.54	Nonpriority creditor's name and mailing address Half, Robert 10801-2 N Mopac Expy Suite 220 Austin, TX 78759	As of the petition filing date, the claim is: <i>Check all that apply.</i>	unknown
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Last 4 digits of account number _____			
Remarks: Staffing Firm.			
3.55	Nonpriority creditor's name and mailing address Harris, Latisha	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,000.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset?	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes	
Last 4 digits of account number _____			
Remarks: Tutor.			

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3.56	Nonpriority creditor's name and mailing address Hayhurst, Natalie 1916 Sager Dr. Austin, TX 78741	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$175.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.57	Nonpriority creditor's name and mailing address Heyman and Associates Michelle Heyman and Julie Dale 2251 Double Creek Dr Suite 101 Round Rock, TX 78664	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$730.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: CPA firm in Austin		
3.58	Nonpriority creditor's name and mailing address Howell, Ryan	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,040.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.59	Nonpriority creditor's name and mailing address Indeed Building 1 6433 Champion Grandview Way Austin, TX 78750	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$377.76
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Online advertising for employees.		
3.60	Nonpriority creditor's name and mailing address Isser, Micah	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$262.50
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		

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3.61	Nonpriority creditor's name and mailing address Jaramillo, Amanda	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$150.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.62	Nonpriority creditor's name and mailing address Johnson, Erica 843 W 15th Street Apt. 28 Newport Beach, CA 92663	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$112.50
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.63	Nonpriority creditor's name and mailing address Kabbage 730 Peachtree St NE Suite #1100 Atlanta, GA 30308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,684.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.64	Nonpriority creditor's name and mailing address Kallas, Jennifer 23025 Madison Street Unit 22 Torrance, CA 90505	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,245.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Graphic Designer.		
3.65	Nonpriority creditor's name and mailing address Klaneski, Rosa 8 Farmington Meadow Dr. Farmington, CT 06032	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		

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3.66	Nonpriority creditor's name and mailing address Klaneski, Rosa Lee 8 Farmington Meadow Drive Farmington, CT 06032	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,192.47
3.67	Nonpriority creditor's name and mailing address Klinger, Bettina 351 E 84th Street Apt. 11D New York, NY 10028	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,499.00
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.68	Nonpriority creditor's name and mailing address Ko, David 2151 Logan Ave Section B San Diego, CA 92113	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,574.50
	Remarks: Tutor.		
3.69	Nonpriority creditor's name and mailing address Kollen, Marjorie 49 Colorido Rancho Rancho Santa Margarita, CA 92688	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
	Remarks: Tutor.		
3.70	Nonpriority creditor's name and mailing address Koppolu, Maithu 10943 Vereda Sol Del Dios San Diego, CA 92130	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
	Remarks: Tutor.		

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3.71	Nonpriority creditor's name and mailing address Lacovelli, Sara 151 N Cottage St Valley Stream, NY 11580	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$970.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.72	Nonpriority creditor's name and mailing address Le, Elvis _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$520.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.73	Nonpriority creditor's name and mailing address Levine, Michelle _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$125.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.74	Nonpriority creditor's name and mailing address Lim, Sarah _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$375.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.75	Nonpriority creditor's name and mailing address Lin, Andrew 30 Via Milpitas Carmel Valley, CA 93924	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$5,500.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Refund for student Ryan. Withdrew enrollment.		

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3.76	Nonpriority creditor's name and mailing address Littler Mendelson Jackie Hoard 1301 McKinney St #1900 Houston, TX 77010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,149.50
3.77	Nonpriority creditor's name and mailing address Long, Bradley	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$587.50
3.78	Nonpriority creditor's name and mailing address Lopez, Heather 3 Hearthshire St. Magnolia, TX 77354	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,522.00
3.79	Nonpriority creditor's name and mailing address MacCabe, Cameron	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00
3.80	Nonpriority creditor's name and mailing address MacCabe, Cameron	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.00

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3.81	Nonpriority creditor's name and mailing address MacKinnon, Duncan 372 Union Street Jersey City, NJ 07304	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$7,402.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.82	Nonpriority creditor's name and mailing address Matthew, Naomi _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$171.75
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.83	Nonpriority creditor's name and mailing address McBlane, Georgia Jansen 315 Rogers Rd Norristown, PA 19403	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$250.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.84	Nonpriority creditor's name and mailing address Mendelson, Goldman and Schwarz, APC Marc A. Schwarz 5805 Sepulveda Blvd. Suite 850 Van Nuys, CA 91411	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$49,241.02
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number 1 9 9 1		
	Remarks: Bought State Farm debt (FILE: State Farm v Catalyst Prep; 17001991).		
3.85	Nonpriority creditor's name and mailing address Merchant, Tazim 89 Fruitledge Road Glen Head, NY 11545	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____	\$2,000.00
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		

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3.86	Nonpriority creditor's name and mailing address Mirkin, Joshua	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,190.00
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
Remarks: Tutor.			
3.87	Nonpriority creditor's name and mailing address Mitsch, Jackie 9 Sycamore Lane Rumson, NJ 07760	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,744.00
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
Remarks: Customer that we owe a refund for services only partially rendered.			
3.88	Nonpriority creditor's name and mailing address Nguyen, Nathan	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,125.00
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
Remarks: Tutor.			
3.89	Nonpriority creditor's name and mailing address Noh, Sharon	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$731.53
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			
Remarks: Tutor.			
3.90	Nonpriority creditor's name and mailing address OFFICETEAM Robert Half / Recovery Department PO Box 5024 San Ramon, CA 94583	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,500.14
Basis for the claim: _____			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Date or dates debt was incurred _____			
Last 4 digits of account number _____			

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3.91	Nonpriority creditor's name and mailing address Oliver, Amber 8515 Millers Bend Bahama, NC 27503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Tutor.	\$10,000.00
3.92	Nonpriority creditor's name and mailing address Oren, Talia 18880 Baker Road Bend, OR 97702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Tutor.	\$480.00
3.93	Nonpriority creditor's name and mailing address Panica, Erin 21030 Mossy Glen Terrace Ashburn, VA 20147	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,534.00
3.94	Nonpriority creditor's name and mailing address Paravastu, Sharon 4200 Bay Street Apt. 254 Fremont, CA 94538	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Tutor.	\$337.50
3.95	Nonpriority creditor's name and mailing address Perkowski, Peter 445 S. Figueroa St. Suite 3100 Los Angeles, CA 90071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: Attorney - IP Matters	\$2,410.00

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3.96	Nonpriority creditor's name and mailing address Perron, Erinn 200 Hiawatha Blvd. Oakland, NJ 07436	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$20.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.97	Nonpriority creditor's name and mailing address Perry, Allison	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor		
3.98	Nonpriority creditor's name and mailing address Powell, Blaine 9757 Oaseo Montril San Diego, CA 92129	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,000.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.99	Nonpriority creditor's name and mailing address Purring, Marantha 7215 Howard Terrace Philadelphia, PA 19119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$125.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.100	Nonpriority creditor's name and mailing address Radu-Blackburn, Robert 84-06 109th Street Apt C7 Richmond Hill, NY 11418	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,160.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

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3.101	Nonpriority creditor's name and mailing address Rajasekaran, Prithvi	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.102	Nonpriority creditor's name and mailing address Ramapo Indian Hills Regional High School District Grace Stramiello	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.103	Nonpriority creditor's name and mailing address Rehman, Obaid	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,418.78
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.104	Nonpriority creditor's name and mailing address Reichbach, Andrea 10B Heritage Hills Somers, NY 10859	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,499.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.105	Nonpriority creditor's name and mailing address Renkosiak, Kaitlin	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		

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3.106	Nonpriority creditor's name and mailing address Richman, Linda 277 Prospect Park West Apt 2 Brooklyn, NY 11215	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,044.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.107	Nonpriority creditor's name and mailing address Robillard, Rana 3920 Ardley Ave Oakland, CA 94602	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,499.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.108	Nonpriority creditor's name and mailing address Rolls, Sandy 513 Green Pastures #C Kyle, TX 78640	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$420.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Bookkeeper in Austin.		
3.109	Nonpriority creditor's name and mailing address Rosolanko, Nick 364 Mulberry Court Wyckoff, NJ 07481	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,544.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	Nonpriority creditor's name and mailing address Ryu, Allison	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,285.76
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

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3.111	Nonpriority creditor's name and mailing address Salman, Masha 33 Sky Top Ridge	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$750.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.112	Nonpriority creditor's name and mailing address Schwartzberger, Grace 5934 Tobias Avenue Van Nuys, CA 91411	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$360.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.113	Nonpriority creditor's name and mailing address Shaikh, Zafar 27318 Wooded Canyon Drive Katy, TX 77494	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,044.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.114	Nonpriority creditor's name and mailing address Smith, John Hawthorne	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.115	Nonpriority creditor's name and mailing address Square 1455 Market Street Suite 600 San Francisco, CA 94103	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,148.86
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Credit Card processing. Began using when Chase cut me off. Have negative balance with them due to customer chargebacks.		

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3.116	Nonpriority creditor's name and mailing address State Farm Insurance 5805 Sepulveda Blvd Suite 850 Van Nuys, CA 91411	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$49,241.02
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Insurance and Workers' Comp		
3.117	Nonpriority creditor's name and mailing address Steinhorn, Jeffrey 16 Tiger Hill Drive Gladstone, NJ 07934	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$894.50
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.118	Nonpriority creditor's name and mailing address Stratton, Samantha	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$950.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.119	Nonpriority creditor's name and mailing address Tam, David 1965 W Lamar St #4 Houston, TX 77019	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,050.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.120	Nonpriority creditor's name and mailing address Tan, Kenny	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$535.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

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3.121	Nonpriority creditor's name and mailing address Travis, Jennifer 197 Guinea Road Storrs Mansfield, CT 06268	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,000.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.122	Nonpriority creditor's name and mailing address Tyagi, Shristi	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$537.50
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.123	Nonpriority creditor's name and mailing address Valatka, Patricia 676 Park Ave. East Orange, NJ 07017	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$350.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.124	Nonpriority creditor's name and mailing address Vallejos, Derrick 11 South Lawrence Ave Elmsford, NY 10523	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.125	Nonpriority creditor's name and mailing address Vaziri, Catherine 2717 South Lamar Blvd. Apt. 3089 Austin, TX 78704	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

Part 2: Additional Page

3.126	Nonpriority creditor's name and mailing address Wagner, Hayley	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$860.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.127	Nonpriority creditor's name and mailing address Walters, Erik 16711 Diane Lane Huntington Beach, CA 92647	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,999.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.128	Nonpriority creditor's name and mailing address Weinstein, Michael 20 Montauk Lane Vernon Hills, IL 60061	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,375.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.129	Nonpriority creditor's name and mailing address Wenzlaff, Michael 13414 Barlett Street Rockville, MD 20853	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,633.76
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.130	Nonpriority creditor's name and mailing address Westfield High School PTSO Carolyn Miller 521 Prospect St Westfield, NJ 07090	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$500.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Parent organization with Westfield HS in NJ. Owe funds for		

Part 2: Additional Page

3.131	Nonpriority creditor's name and mailing address Williams, Dwight 27379 SW 143rd Ct. Homestead, FL 33032	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.132	Nonpriority creditor's name and mailing address Williams, Julie 13 Sheraton Lane Rumson, NJ 07760	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,000.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Customer that we owe a refund for services only partially rendered.		
3.133	Nonpriority creditor's name and mailing address Williams, Kayla	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$700.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.134	Nonpriority creditor's name and mailing address Yarima, Altini 301 N Wesley Drive Apt. 611 League City, TX 77573	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$400.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		
3.135	Nonpriority creditor's name and mailing address Yu, Cissy 315 E. 119th Street 3 New York, NY 10035	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$450.00
	Date or dates debt was incurred	Basis for the claim: _____	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Tutor.		

Part 2: Additional Page

3.136	Nonpriority creditor's name and mailing address Yuan, Catherine	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$550.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.137	Nonpriority creditor's name and mailing address Zukoff, Alexander 81 Cooper Blvd Red Bank, NJ 07701	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,305.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Tutor.		
3.138	Nonpriority creditor's name and mailing address Zurfluh, Cynda 13136 Ladybank Lane Herndon, VA 20171	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,499.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
	Remarks: Customer that we owe a refund for services only partially rendered.		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <u>Marc A. Schwarz, Esq</u> <hr/> <u>5805 Sepulveda Blvd Suite 850</u> <hr/> <u>Van Nuys, CA 91411</u>	Line <u>3.116</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a.	Total claims from Part 1	5a. <u>\$15,747.67</u>
5b.	Total claims from Part 2	5b. <u>\$675,759.71</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <u>\$691,507.38</u>

Fill in this information to identify the case:

Debtor name Catalyst Prep LLC

United States Bankruptcy Court for the:
Western District of Texas, Austin Division

Case number (if known): 19-11236 Chapter 7

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

United States Bankruptcy Court for the:
Western District of Texas, Austin Division

Case number (if known): 19-11236

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing Address	Name	Check all schedules that apply:
2.1	<input type="text"/> Street <input type="text"/>	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.2	<input type="text"/> Street <input type="text"/>	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.3	<input type="text"/> Street <input type="text"/>	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.4	<input type="text"/> Street <input type="text"/>	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	
2.5	<input type="text"/> Street <input type="text"/>	<input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code	

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Name	Mailing Address
2.6	Street _____ _____ City _____ State _____ ZIP Code _____

Column 2: Creditor

Name	Check all schedules that apply:
------	---------------------------------

Fill in this information to identify the case:

Debtor name Catalyst Prep LLC

United States Bankruptcy Court for the:
Western District of Texas, Austin Division

Case number (if known): 19-11236 Chapter 7

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

..... \$0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

..... \$5,005,500.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

..... \$5,005,500.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

..... \$9,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

..... \$15,747.67

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

..... + \$675,759.71

4. **Total liabilities**.....

Lines 2 + 3a + 3b

..... \$700,507.38

Fill in this information to identify the case:

Debtor name Catalyst Prep LLC

United States Bankruptcy Court for the:
Western District of Texas, Austin Division

Case number (if known): 19-11236

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2019
MM/ DD/ YYYY

Operating a business

Other _____

For prior year:

From 01/01/2018
MM/ DD/ YYYY

Operating a business

Other _____

For the year before that:

From 01/01/2017
MM/ DD/ YYYY

Operating a business

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2019
MM/ DD/ YYYY

For prior year:

From 01/01/2018
MM/ DD/ YYYY

For the year before that:

From 01/01/2017
MM/ DD/ YYYY

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Ogle Properties LLC</u> Creditor's name Street <u>3600 Bee Caves Rd</u> <u>Austin, TX 78746</u> City State ZIP Code	<u>07/15/2019</u>	<u>\$7,500.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Repossession</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Creditor's name Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	_____	_____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <u>Ogle Properties LLC</u> Creditor's name Street <u>3600 Bee Caves</u> <u>Austin, TX 78746</u> City State ZIP Code	<u>office furniture and equipment</u>	<u>07/15/2019</u>	<u>\$7,500.00</u>

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

5.2. numerous chargebacks \$100,000.00
Creditor's name

Street

TX
City State ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.1. <u>Creditor's name</u> _____ Street _____ City State ZIP Code	<u>XXXX-_____</u>		

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
<u>State Farm v. Catalyst Prep LLC</u>	<u>Breach of Contract</u>	<u>California</u> Name _____ Street _____ City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>17001991</u>			
Case title	Nature of case	Court or agency's name and address	Status of case
<u>Charles v. Catalyst Prep LLC et al.</u>	<u>Class Action</u>	<u>California Superior Court</u> Name _____ Street _____ City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>C19-01643</u>			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

8.1. Custodian's name and address	Description of the property	Value
Custodian's name		
Street	Case title	Court name and address
City	Case number	Street
State		City
ZIP Code	Date of order or assignment	State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name			
Street			
City	State ZIP Code		
Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

10.1. _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

11.1. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<u>Hajjar Peters LLP</u>	<u>Attorney's Fee</u>	<u>8/19/19</u>	<u>\$2,767.50</u>
Address			
<u>3144 Bee Caves Rd</u> Street			
<u>Austin, TX 78746-5560</u> City	State	ZIP Code	
Email or website address			
<u></u>			
Who made the payment, if not debtor?			
<u>Jared Friedland</u>			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

12.1. Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
<u></u>			
Trustee			
<u></u>			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

13.1. Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<u></u>			
Address			
<u>Street</u>			
<u>City</u>	State	ZIP Code	
Relationship to debtor			
<u></u>			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. _____ Street _____	From _____ To _____
City _____ State _____ ZIP Code _____	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name _____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
City _____ State _____ ZIP Code _____	_____	_____

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

No

Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?
 No. Go to Part 10.
 Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ Wells Fargo _____ City _____ State _____ ZIP Code _____	XXXX- _____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	10/01/2019	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name _____ Street _____ Address _____ City _____ State _____ ZIP Code _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Street <hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	
	City State ZIP Code <hr/> <hr/>	Address <hr/> <hr/>		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City	State	ZIP Code	

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name Street _____	_____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	City _____ State _____ ZIP Code _____		

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.		EIN: _____
Name		Dates business existed
Street		From _____ To _____
City State ZIP Code		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Debtor	Catalyst Prep LLC		Case number (if known)	19-11236		
	Name					
<table border="0"> <tr> <td>Name and address</td> <td>Dates of service</td> </tr> </table>			Name and address	Dates of service		
Name and address	Dates of service					
26a.1.	<p>Name _____</p> <p>Street _____ _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>		From _____ To _____			
26b.	List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.					
	<input checked="" type="checkbox"/> None					
<table border="0"> <tr> <td>Name and address</td> <td>Dates of service</td> </tr> </table>			Name and address	Dates of service		
Name and address	Dates of service					
26b.1.	<p>Name _____</p> <p>Street _____ _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>		From _____ To _____			
26c.	List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.					
	<input checked="" type="checkbox"/> None					
<table border="0"> <tr> <td>Name and address</td> <td>If any books of account and records are unavailable, explain why</td> </tr> </table>			Name and address	If any books of account and records are unavailable, explain why		
Name and address	If any books of account and records are unavailable, explain why					
26c.1.	<p>Name _____</p> <p>Street _____ _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>					
26d.	List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.					
	<input checked="" type="checkbox"/> None					
<table border="0"> <tr> <td>Name and address</td> <td></td> </tr> </table>			Name and address			
Name and address						
26d.1.	<p>Name _____</p> <p>Street _____ _____ _____</p> <p>City _____ State _____ ZIP Code _____</p>					

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name _____
Street _____
City _____ State _____ ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
			0.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions? No Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

 No Yes. Identify below.

Debtor Catalyst Prep LLC
Name

Case number (*if known*) 19-11236

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value	
Name				
Street				
City	State	ZIP Code		
Relationship to debtor				

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation _____ **Employer Identification number of the parent corporation** _____
EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund _____ **Employer Identification number of the pension fund** _____
EIN: _____

Part 14: Signature and Declaration

Debtor Catalyst Prep LLC
Name

Case number (if known) 19-11236

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/25/2019
MM/ DD/ YYYY

X /s/ Jared Friedland

Signature of individual signing on behalf of the debtor

Position or relationship to debtor
CEO

Printed name Jared Friedland

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Western District of Texas

In re

Catalyst Prep LLC

Debtor(s)Case No. 19-11236Chapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	<u>\$2,767.50</u>
Prior to the filing of this statement I have received	<u>\$2,767.50</u>
Balance Due	<u>\$0.00</u>

2. The source of the compensation to be paid to me was:

Debtor Other (specify) Jared Friedland

3. The source of compensation to be paid to me is:

Debtor Other (specify) Jared Friedland

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Any Post-petition activities will be billed hourly

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/25/2019

Date

/s/ Ron Satija

Signature of Attorney

Ron Satija
Bar Number: 24039158
Hajjar Peters LLP
3144 Bee Caves Rd
Austin, TX 78746-5560
Phone: (512) 637-4956

Hajjar Peters LLP

Name of law firm

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IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
AUSTIN DIVISION

IN RE: Catalyst Prep LLC

CASE NO 19-11236

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 10/25/2019 Signature /s/ Jared Friedland
Jared Friedland, CEO